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PTO/SB/21 (05-03)

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# TRANSMITTAL FORM

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Total Number of Pages in This Submission

1

Application Number

09/931330-Conf. #5196

Filing Date

August 16, 2001

First Named Inventor

Frank Reil

Art Unit

1714

Examiner Name

C. E. Shosho

Attorney Docket Number

05587-00318-US

## ENCLOSURES (check all that apply)

☒ Fee Transmittal Form☒ Fee Attached☒ Amendment/Reply☒ After Final☐ Affidavits/declaration(s)☒ Extension of Time Request☐ Express Abandonment Request☐ Information Disclosure Statement☐ Certified Copy of Priority Document(s)☐ Response to Missing Parts/Incomplete Application☐ Response to Missing Parts under 37 CFR 1.52 or 1.53☐ Drawing(s)☐ Licensing-related Papers☐ Petition☐ Petition to Convert to a Provisional Application☐ Power of Attorney, Revocation Change of Correspondence Address☐ Terminal Disclaimer☐ Request for Refund☐ CD, Number of CD(s) \_\_\_\_\_☐ After Allowance Communication to Group☐ Appeal Communication to Board of Appeals and Interferences☐ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)☐ Proprietary Information☐ Status Letter☐ Other Enclosure(s) (please identify below):

Remarks

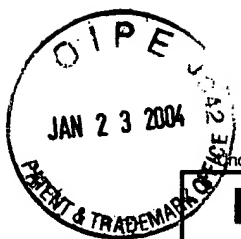
## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm  
or  
Individual nameCONNOLLY BOVE LODGE & HUTZ LLP  
Ashley I. Pezzner - 35,646

Signature

Date

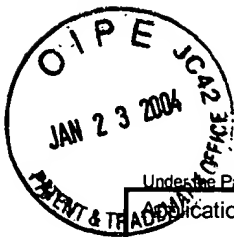
January 20, 2004



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FEE TRANSMITTAL for FY 2004 <small>Effective 10/01/2003, Patent fees are subject to annual revision.</small>		Compl t if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/931330-Conf. #5196
TOTAL AMOUNT OF PAYMENT (\$)		Filing Date	August 16, 2001
110.00		First Named Inventor	Frank Reil
		Examiner Name	C. E. Shosho
		Art Unit	1714
		Attorney Docket No.	05587-00318-US
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input type="checkbox"/> Deposit Account: Deposit Account Number: 03-2775 Deposit Account Name: Connolly Bove Lodge & Hutz LLP		Large Entity Small Entity	
The Director is authorized to: (check all that apply)		Fee Code Fee (\$)	
<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		Fee Code Fee (\$)	
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)		Fee Description	
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		Fee Paid	
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity Small Entity			
Fee Code Fee (\$)			
1001 770 2001 385 Utility filing fee			
1002 340 2002 170 Design filing fee			
1003 530 2003 265 Plant filing fee			
1004 770 2004 385 Reissue filing fee			
1005 160 2005 80 Provisional filing fee			
SUBTOTAL (1) (\$)		0.00	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims ** = Extra Claims x Fee from below = Fee Paid			
Independent Claims ** = Extra Claims x Fee from below = Fee Paid			
Multiple Dependent ** = Extra Claims x Fee from below = Fee Paid			
Large Entity Small Entity			
Fee Code Fee (\$)			
1202 18 2202 9 Claims in excess of 20			
1201 86 2201 43 Independent claims in excess of 3			
1203 290 2203 145 Multiple dependent claim, if not paid			
1204 86 2204 43 ** Reissue independent claims over original patent			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$)		0.00	
**or number previously paid, if greater; For Reissues, see above			
SUBMITTED BY		(Complete (if applicable))	
Name (Print/Type) Ashley I. Pezzner		Registration No. (Attorney/Agent) 35,646	Telephone (302) 658-9141
Signature Ashley I. Pezzner		Date	January 20, 2004

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Application No. (if known): 09/931330

Attorney Docket No.: 05587-00318-US

## Certificate of Mailing Under 37 CFR 1.8

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